

RICHARD D. STUTZMAN
Claimant

CITY OF LENEXA

Respondent
Self Insured

ORDER

Respondent requested review of the February 6, 2003 Nunc Pro Tunc Award by Administrative Law Judge (ALJ) Steven J. Howard. The Appeals Board (Board) heard oral argument on July 23, 2003. Gary Peterson was appointed to serve as a Board Member Pro Tem.¹

APPEARANCES

Michael R. Wallace of Shawnee Mission, Kansas, appeared for the claimant.
Frederick Greenbaum of Kansas City, Kansas, appeared for respondent.

RECORD AND STIPULATIONS

The Board has considered the record and adopted the stipulations listed in the Award.

ISSUES

The ALJ found the claimant, a police officer, sustained accidental injury arising out of and in the course of his employment with respondent when he was exposed to a victim's blood which was later found to contain the hepatitis C virus on September 15 and 16,

¹ Mr. Peterson retired from the Appeals Board effective March 31, 2003, and at the time this case was heard his replacement had not been appointed.

1999. The ALJ determined timely notice and written claim was provided and that the evidence substantiated not only his claim for past and future medical bills associated with his hepatitis C but also an entitlement to a 100 percent work disability due to his condition.

The respondent requests review of the ALJ's finding that the claimant's hepatitis C exposure arose out of and in the course of his employment with respondent on September 15 or 16, 1999. Alternatively, respondent argues that claimant has sustained no work disability nor is he permanently and totally disabled. To the extent claimant has sustained any permanency due to hepatitis C exposure, respondent argues the medical testimony supports a 15 percent whole body functional impairment.

Claimant argues the ALJ's findings are supported by substantial and competent evidence and should therefore be affirmed.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Having reviewed the evidentiary record filed herein, the stipulations of the parties, and having considered the parties' briefs and oral arguments, the Board makes the following findings of fact and conclusions of law:

The underlying facts of this claim are essentially undisputed. In 1974 claimant was diagnosed with some form of acute hepatitis.² Claimant was treated and found to be totally asymptomatic as of July 1974. After that time and before his employment with respondent, claimant worked as a medic at the KU medical center and as a police officer for another municipal entity. He had surgery for a torn rotator cuff and an accidental gunshot wound to the foot although he denies that he received blood transfusions during these medical procedures or treatment. He also had, over the course of his adult life, intimate relations with four wives and a Korean housekeeper.

Between 1985 and 1989 claimant was employed by respondent. As a police officer and later a detective, claimant was required to undergo biannual blood tests. On September 13, 1999, he had such an exam. The only anomaly noted was a slightly elevated gamma-glutamyl transpeptidase (GGTP) level in his liver. This test is intended to monitor fatty changes in the liver and does not definitively diagnose hepatitis.

On September 15, 1999, claimant was involved in the investigation of a shooting of a victim identified as Austin Garza. Both parties agree Austin Garza carried the hepatitis C - Type I virus although this was not revealed until nearly two years later. Mr. Garza sustained a gun shot wound to the leg that severed his femoral artery. During the course of the investigation, he was required to accompany a wounded Austin Garza from the

² At that point in time, there was no capacity to differentiate between the different strains of hepatitis thus, it is unknown if claimant was positive for hepatitis A, B or C.

scene to the hospital. Claimant was present in both the emergency room and the surgical suite during all aspects of treatment. Despite those efforts, Mr. Garza bled to death. During all of the treatment in the field and at the hospital, claimant was required to gather up Mr. Garza's personal effects, including the clothing he had been wearing at the time of the shooting.

Up to the point of Mr. Garza's death, claimant had no protective gear on his body other than rubber gloves. Once Mr. Garza died, claimant obtained a gown and plastic glasses and then set about bagging up the clothing and other items contained on Mr. Garza's body. Claimant took all of these belongings back to the station and set about drying the clothes and other personal effects so they could be appropriately stored for future use at trial. Again, he donned a paper protective suit, mask, plastic glasses and rubber gloves. The drying process included hanging the clothing. According to claimant, the blood was dripping off the clothes during this time.

On the next day, September 16, 1999, claimant attended the autopsy of Austin Garza. Claimant had on a protective apron and rubber gloves. Claimant testified that he knew of no cuts on his body on either of the dates in question.

Thereafter, claimant served uneventfully until July of 2001. He underwent another routine blood test in early July and on July 29, 2001, he was notified by letter that his liver enzymes revealed an anomaly and he was told to see his personal physician. Ultimately, an inquiry was made to the medical examiner and blood tests were run on Mr. Garza's blood confirming he carried the hepatitis C - Type I virus.

As directed, claimant saw Dr. John Crane, his personal physician. On August 14, 2001, claimant was informed blood tests confirmed the existence of hepatitis C - Type I virus in his blood. Claimant immediately informed respondent and he was relieved of duty. He has not returned to this nor any other substantial gainful employment. He began receiving disability benefits effective December 14, 2001.

Claimant was referred to Dr. Mark Molos, who initially examined claimant on August 17, 2001. He recommended a liver biopsy to establish the extent of damage to claimant's liver. This test confirmed "chronic hepatitis with mild interface hepatitis, mild lobular necroinflammatory activity, and portal fibrosis, stage I out of IV." ³ According to Dr. Molos, claimant has "chronic" hepatitis, meaning that he has had this virus for over 30 days. ⁴

Dr. Molos testified claimant completed about nine months of treatment, which included injection and capsule medications. During treatment, claimant had problems with

³ Molos Depo. at 11-12.

⁴ *Id.* at 12.

memory loss, both long and short term, as well as loss of eyesight, flu-like symptoms, chest pains, diarrhea, insomnia, kidney pain and residual tingling in his upper extremities. As of July 2, 2002, claimant had undetectable levels of the virus, although this does not mean he is cured. The negative result from the test simply reflects the sensitivity limitations of the test. He will continue to require medical follow up and possibly treatment, depending on the development of his symptoms.

During the course of this litigation, the parties focused in on certain issues. First and foremost, respondent argued claimant had not established that he had sustained an accidental injury that arose out of and in the course of his employment. Simply put, respondent maintains claimant has failed to prove it is more probably true than not that he contracted the hepatitis C virus during his contact with Mr. Garza's blood. Respondent points first to the elevated GGTP levels evidenced in September 13, 1999, just two days before the Austin Garza exposure but also to claimant's past personal, military and work history which includes hepatitis back in 1974, work as a medic, surgical procedures, as well as intimate relationships with five women during his life.

According to Dr. Molos, claimant's treating physician, the liver function studies performed just two days before the Garza exposure were essentially normal aside from the GGTP level. He went on to explain that an elevated GGTP level is "really not a measure of hepatitis" but rather, "really only measures really [sic] alcohol or it measures fatty changes in the liver."⁵ When asked about the relationship between the exposure to Mr. Garza's blood and the claimant's diagnosis, he responded as follows:

...

A. (Dr. Molos) So basically, as far as hepatitis was concerned, he didn't have hepatitis on that day. Then he had a contact with somebody who did have hepatitis and developed hepatitis. So after reviewing this and his clinical history, I felt more likely than not that his acquiring hepatitis came from his contact with Austin Garza.

Q. (Mr. Wallace) So it would be your opinion based upon a reasonable degree of medical certainty that Officer Stutzman had contracted hepatitis C with this involvement with Mr. Garza; is that correct?

A. That's correct.⁶

Dr. Molos was also asked whether claimant was able to engage in any substantial gainful

⁵ *Id.* at 15.

⁶ *Id.* at 15-16.

employment. He responded by testifying:

I think that my opinion would be that Officer Stutzman cannot resume his previous job of detective work and being around other people like he was in that line of work, because even though his levels of his hepatitis are now undetectable, that doesn't mean they're nonexistent. So he would be a risk to fellow officers, suspects, et cetera; that he would be working with in that job. He couldn't do that job anymore.⁷

Claimant also offered the testimony of Dr. Norton J. Greenberger, a well known and respected internist who recently relocated to Boston to teach at Harvard Medical School. Dr. Greenberger saw claimant on February 20, 2002, before he had completed his course of treatment with Dr. Molos. Following his examination which included taking an extensive history from claimant, he concluded that "it's most likely he [claimant] contracted it [hepatitis C] from handling all of the bloody material from Mr. Garza's unfortunate accident or event."⁸ When asked whether the GGTP levels were indicative of pre-existing liver disease (and might therefore evidences the existence of the virus before the Garza exposure) he testified the "slightly elevated GGTP at 93 units noted in September 1999 is of and by itself not an indication of 'abnormal liver tests' and might well be related to the fact that Mr. Stutzman acknowledges using moderate doses of alcohol on a regular basis."⁹ He also testified that the extent of scar tissue within claimant's liver, as seen on the liver biopsy results, was not significantly advanced and definitely did not indicate the presence of cirrhosis, which occurs over a lengthy period of time.¹⁰ For these reasons, and because claimant's history does not provide an alternative, nor plausible explanation as to how he might have contracted hepatitis C, Dr. Greenberger believes the source of the virus was the exposure to Mr. Garza's blood.¹¹

Dr. Greenberger went on to say that "[a]lthough it would be unusual for a patient working as Mr. Stutzman did on September 15 to 17 [sic], 1999, to develop hepatitis contact with blood products, it has been well documented that if individuals have cuts or bruises on their fingers and are wearing protective hand wear, they can still develop hepatitis C."¹²

⁷*Id.* at 16.

⁸ Greenberger Depo. at 12.

⁹ *Id.* at 10.

¹⁰ *Id.* at 11.

¹¹ *Id.* at 11-12.

¹² *Id.* at 11.

When asked on cross examination if the exposure on September 15-16, 1999 was the source of claimant's hepatitis C virus rather than any of the other potential risk factors, Dr. Greenberger replied it was "more probable."¹³ That response prompted the following exchange:

Q. (Mr. Greenbaum) More probable than the others?

A. (Dr. Greenberger) Correct.

Q. Okay. But there's no way that you can testify within a reasonable degree of medical certainty that the contact with Garza or his clothes caused the hepatitis C?

A. I think it's more probable than not that that was the reason he got this.

Q. You think it's more probable than the other reasons that you've seen?

A. There's nothing else that I'm willing to hang my hat on.

Q. In other words, if you're asked the question which of these - - if I've got to answer a question on causation, as to what caused this, I've got all of these other factors, you're saying if I'm going to pick one, this is the one I'm picking?

A. This is the most likely.

Q. But again, if you've got to bet your life savings or if you've got -

A. 51/49. This is 51, okay.

Q. So that's where you are on it?

A. That's where I am. I think it's [a] 51 percent chance that this is - - 51 versus 49 for all of the others.¹⁴

Dr. Greenberger was also asked to provide a functional rating for purposes of this claim. He assigned a 50-75 percent permanent partial impairment to the body as a whole during the period of time that claimant carries the virus in his blood based upon the

¹³ *Id.* at 62.

¹⁴ *Id.* at 62-63.

Guides.¹⁵ However, this opinion was rendered before claimant had been released from treatment by Dr. Molos. He indicated that while claimant is being treated for his hepatitis C, and if he has the virus in his blood, he is considered infectious and is therefore not suitable for any type of public service. Once he clears the virus from his blood, he would no longer be considered disabled and should be able to return to his former livelihood.

In contrast to this testimony, respondent offered the testimony of Dr. Michael R. Driks and Dr. Allen J. Parmet. Dr. Driks specializes in the treatment of infectious diseases including hepatitis C. Following his review of claimant's past medical records and personal history, he concluded "the preponderance of the evidence points against an exposure from Mr. Garza on the 15th or 16th of September 1999."¹⁶ In explaining his opinion, Dr. Driks testified that claimant's prior history of hepatitis back in the 1970's as well as his sexual history provided an alternative potential for exposure to the virus. As such, "[t]hough it is impossible to firmly date Mr. Stutzman's exposure to hepatitis C [,] the preponderance of the evidence points against an exposure from Mr. Garza on the 15th or 16th of September[,] 1999."¹⁷

He went on to explain that his conclusion is also supported first, by the fact that claimant had documented abnormal liver enzymes just two days before the Garza exposure and second, because the Garza exposure was, in his view, low risk because the claimant wore protective clothing and there was no observable blood transference nor did claimant have any acknowledged open wounds.

He further justified his conclusions by explaining that the advanced nature of the scar tissue, or fibrosis, evident in claimant's liver is indicative of a more distant exposure. Specifically, while it is possible to have fibrosis develop at a faster rate than normal, the average hepatitis C infected person will develop the scarring over a period of many years, and "less than two years [would be] on the lower end of that spectrum."¹⁸

Dr. Driks saw claimant after his course of treatment was completed and when the hepatitis C virus had sufficiently reduced so as to no longer be detectible. As a result, Dr. Driks concluded claimant could return to work and that he had no physical restrictions.¹⁹

At respondent's request, Dr. Parmet interviewed and examined claimant as well and

¹⁵ *Id.* at 19; American Medical Ass'n, *Guides to the Evaluation of Permanent Impairment*, (4th ed.).

¹⁶ Driks Depo. at 20-21.

¹⁷ *Id.* Ex. 2.

¹⁸ *Id.* at 28.

¹⁹ *Id.* at 52.

reviewed the medical records. Like the other physicians, he was also asked whether, in his opinion, claimant could have contracted hepatitis C on September 15 and/or 16, 1999 when participating in the crime investigation and the subsequent handling of Mr. Garza's bloody clothing. He responded by stating:

A. (Dr. Parmet) Again, I don't believe so, because the signs would not support that. He was wearing gloves when he actually had contact with bloody objects. The gloves are efficient barriers. So that basic assumption is that it's there, and that's what we use for blood-born precautions.

For many years, we never bothered to use gloves. My two hepatitis C patients I saw earlier this week, I didn't use gloves in examining them and evaluating them. I did put a glove on for the rectal exam, but then I do that for everybody. The point of fact is that you do not get hepatitis C cutaneously, with cutaneous exposure.²⁰

In further support of his opinion, he pointed to the elevated enzymes just two days before claimant's contact with Mr. Garza. Although such a reading is compatible with hepatitis C, Dr. Parmet admits it does not prove it.²¹ Moreover, he also testified that claimant has evidence of cirrhosis, which is simply advanced scar tissue, as evidenced by the results of the liver biopsy. For these reasons, he opines that "Officer Stutzman was infected with hepatitis C sometime in the past, likely ten or more years prior to his diagnosis. The mostly likely cause would be a blood or plasma transfusion in the course of one of his several surgeries, sexual transmission or vertical transmission."²²

Dr. Parmet assigned a 15 percent whole body functional impairment and indicated claimant was able to work, although he must avoid any and all blood contact with other individuals.²³

Claimant did offer the testimony of Michael Dreiling for the purpose of establishing the impact of the hepatitis C diagnosis on his vocational capacities and his opportunity to find work in the competitive labor market. After reviewing claimant's vocational and educational background, Mr. Dreiling concluded claimant is not a candidate to return to work. This is because his hepatitis C diagnosis connotes he is contagious and, unless and until he is cleared of the virus, his employment opportunities will be limited. Unfortunately, Mr. Dreiling offered no task loss nor wage loss analysis as is typically done in cases where

²⁰ Parmet Depo. at 35-36.

²¹ *Id.* at 53.

²² *Id.* at 59.

²³ *Id.* at 71.

work disability is at issue.

The ALJ concluded claimant met his burden of establishing an accidental injury arising out of and in the course of his employment with respondent on September 15 and/or 16, 1999. In making his decision, the ALJ made it clear that he was persuaded by the testimony of Dr. Greenberger, referring to him as “the foremost expert on Hepatitis C to testify in this claim.”²⁴ He further stated that:

[w]hen combining Dr. Greenberger’s testimony with the testimony of claimant’s treating physician, Dr. Molos, a board certified specialist in gastrionology [sic] the Administrative Law Judge finds that the claimant has sustained his burden of proving within a reasonable degree of medical certainty, that the claimant has sustained his burden of proving within a reasonable degree of medical certainty, that Richard Stutzman’s exposure and infection occurred as a result of the exposure to Mr. Garza, his property, or his autopsy.²⁵

After considering all of the medical evidence presented by the parties, the Board concludes the ALJ’s finding as to causation is justified. While there may have been factors in claimant’s medical history that *might* have suggested he had been exposed to the hepatitis C virus prior to September 15 or 16, 1999, the greater weight of the medical testimony indicates that exposure to Mr. Garza and his blood was, more likely than not, the source of the infection. Dr. Greenberger explained why the elevated liver enzyme two days before the Garza exposure was not necessarily indicative of the virus. He further offered testimony that protective gear is not an absolute protection against transmission of the virus. In other words, rubber gloves, protective goggles or gowns do not ensure protection, they merely minimize the potential exposure. The suggestion that claimant’s past sexual history might have played some part is mere conjecture as none of those individuals have apparently been tested.

Dr. Greenberger also addressed the significance of the scar tissue in claimant’s liver and its bearing on the progress of the disease. According to him, there was no cirrhosis in claimant’s liver at the time of the biopsy. Contrary to Dr. Parmet’s opinion that cirrhosis was present, Dr. Greenberger’s conclusion is confirmed by the liver biopsy report. While this difference of opinion may stem from semantics or a difference in terminology, Dr. Greenberger, the preeminent authority in this area disputes Dr. Parmet’s conclusion. The Board is persuaded by the opinions of Dr. Greenberger and as a result, the causation finding made by the ALJ will not be disturbed.

²⁴ Award at 6.

²⁵ *Id.*

Having concluded claimant's virus was the result of an accident that arose out of and in the course of his employment, the Board must next consider the nature and extent of his resulting impairment. Curiously, the ALJ made no finding with regard to claimant's functional impairment. Dr. Greenberger assessed 50 to 74 percent impairment to the body as a whole while the virus was present. However, this opinion was rendered before July 2, 2002, when claimant was found to have conditionally cleared the virus. Dr. Parmet saw claimant after his course of treatment was completed and issued a 15 percent whole body impairment.

The Board concludes that Dr. Parmet's impairment is the more persuasive of the two, if only because it was the single rating that was rendered after he concluded his course of treatment and reached maximum medical improvement. Accordingly, the claimant is found to have sustained a 15 percent whole body impairment.

In his Award, the ALJ concluded claimant had a 100% work disability. This finding is, however, problematic.

The pertinent statutory provision is K.S.A. 44-510e(a) which provides, in part:

Permanent partial general disability exists when the employee is disabled in a manner which is partial in character and permanent in quality and which is not covered by the schedule in K.S.A. 44-510d and amendments thereto. **The extent of permanent partial general disability shall be the extent, expressed as a percentage, to which the employee, in the opinion of the physician, has lost the ability to perform the work tasks that the employee performed in any substantial gainful employment during the fifteen-year period preceding the accident, averaged together with the difference between the average weekly wage the worker was earning at the time of the injury and the average weekly wage the worker is earning after the injury.** In any event, the extent of permanent partial general disability shall not be less than the percentage of functional impairment. Functional impairment means the extent, expressed as a percentage, of the loss of a portion of the total physiological capabilities of the human body as established by competent medical evidence and based on the fourth edition of the American Medical Association Guides to the Evaluation of Permanent Impairment, if the impairment is contained therein. **An employee shall not be entitled to receive permanent partial general disability compensation in excess of the percentage of functional impairment as long as the employee is engaging in any work for wages equal to 90% or more of the average gross weekly wage that the employee was earning at the time of the injury.** (Emphasis added.)

This statutory scheme contemplates a mathematical computation and necessarily compels the claimant to come forward with evidence of task loss. While there is testimony in the record that claimant can no longer perform a job that involves exposure to blood products, there is no evidence within the record as to the number of tasks claimant performed over the last 15 years and to what extent he might retain the ability to do some of those tasks. The record discloses that claimant worked, among other jobs, as a medic and as a police officer. But the tasks involved in each aspect of these individual jobs were not disclosed. It is unclear to what extent claimant may retain skills that would provide him with meaningful employment independent of his hepatitis C virus. Admittedly, he cannot expose others to his blood nor should he be likewise exposed, but the physicians all agree he has no physical restrictions and that he is presently capable of working, at least as long as the virus is at undetectable levels. Absent additional information, it is virtually impossible to evaluate the alleged task loss component of the claim.

The Board finds that claimant failed to meet his burden of proof on the task loss component. As such, the claimant is found to have a zero percent task loss.

Moreover, this statute must be read in light of *Foulk*²⁶ and *Copeland*.²⁷ In *Foulk*, the Kansas Court of Appeals held that a worker could not avoid the presumption against work disability as contained in K.S.A. 1988 Supp. 44-510e(a) (the predecessor to the above-quoted statute) by refusing an accommodated job that paid a comparable wage. In *Copeland*, the Kansas Court of Appeals held, for purposes of the wage loss prong of K.S.A. 44-510e(a) (Furse 1993), that a worker's post-injury wage should be based upon the ability to earn wages rather than actual earnings when the worker failed to make a good faith effort to find appropriate employment after recovering from the work-related accident.

If a finding is made that a good faith effort has not been made, the factfinder *[sic]* will have to determine an appropriate post-injury wage based on all the evidence before it, including expert testimony concerning the capacity to earn wages. . . .²⁸

The evidence is undisputed that claimant bears an actual wage loss of 100 percent. He has not worked since August 14, 2001 and was involuntarily relieved of duty on that date. Kansas law compels claimant to establish a good faith attempt to secure appropriate employment before his actual wage loss can be utilized in the work disability formula.²⁹

²⁶ *Foulk v. Colonial Terrace*, 20 Kan. App. 2d 277, 887 P.2d 140 (1994), *rev. denied* 257 Kan. 1091 (1995).

²⁷ *Copeland v. Johnson Group, Inc.*, 24 Kan. App. 2d 306, 944 P.2d 179 (1997).

²⁸ *Id.* at 320.

²⁹ *Id.*

The claimant's own testimony makes it clear that he's made no effort to find any employment since leaving his position with respondent. Admittedly, from August 14, 2001 to July 2, 2002, when he was released by Dr. Molos, he was considered temporarily and totally disabled. During that period the medical testimony universally indicates he was considered contagious and for that reason, he is entitled to temporary total disability benefits. However, as of July 2, 2002, he was then able to work and was obligated to put forth a good effort to secure employment. There is no evidence to suggest he sought any employment, nor made any effort to minimize his wage loss. Thus, the Board must impute a wage to claimant. Again, the evidence is deficient in this area. There is no testimony, expert or otherwise, that indicates what claimant could expect to make in the labor market given his skills and his limitation with respect to blood products. Without some touch stone upon which the factfinder can utilize to determine a post injury wage, the Board can do nothing other than to impute a minimum wage job paying \$5.15 per hour for 40 hours per week. This would yield \$206 per week as a post-injury average weekly wage. That figure, when compared to his pre-injury wage of \$1,153.85³⁰ equals an 82 percent wage loss.

When the 82 percent wage loss is averaged together with the zero percent task loss, the result is a 41 percent work disability. Because this figure exceeds the claimant's functional impairment, claimant is entitled to a 41 percent work disability as a result of his work-related hepatitis C exposure.

The balance of the Award is affirmed to the extent it is not inconsistent with the findings set forth herein.

AWARD

WHEREFORE, it is the finding, decision and order of the Board that the Award of Administrative Law Judge Steven J. Howard dated February 6, 2003, is affirmed in part and reversed and modified in part.

WHEREFORE, an award of compensation is hereby made in accordance with the above findings in favor of the claimant, Richard D. Stutzman, and against the respondent, City of Lenexa, for an accidental injury which occurred September 15, 1999.

From September 15, 1999 to November 24, 2000 and based upon a pre-injury average weekly wage of \$1,153.85, claimant is entitled to 62.25 weeks of permanent partial disability compensation at the rate of \$383 per week or \$23,841.75 for a 15 percent functional impairment.

From August 14, 2001 to July 2, 2002 claimant is entitled to 46 weeks of temporary total disability compensation at the rate of \$383 or \$17,618.

³⁰ R.H. at 54. (Claimant testified he made \$60,000 per year when he left respondent's employ.)

Thereafter, claimant is entitled to an additional 95.19 weeks of permanent partial disability compensation at the rate of \$383 per week or \$36,457.77, for a 41 percent work disability, for a total award of \$77,917.52.

As of October 31, 2003, there is due and owing claimant 46 weeks of temporary total disability compensation at the rate of \$383 per week or \$17,618 plus 131.54 weeks of permanent partial disability compensation at the rate of \$383 per week in the sum of \$50,379.82, for a total of \$67,997.82 which is paid in one lump sum less any amounts previously paid. The remaining balance of \$9,919.70 is to be paid for 25.9 weeks at the rate of \$383 per week, until fully paid or further order of the Director.

IT IS SO ORDERED.

Dated this _____ day of October, 2003.

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

c: Michael R. Wallace, Attorney for Claimant
Frederick Greenbaum, Attorney for Respondent
Steven J. Howard, Administrative Law Judge
Paula S. Greathouse, Workers Compensation Director